

Supplement 1A to  
Attachment 3.1B

Service 19a  
Case Management - High  
Risk Pregnant Women

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State/Territory: Montana

**A. Target Group:**

**I. High Risk Pregnant Women**

A pregnant woman who is eligible for Medicaid (or Presumptive Eligibility) and meets high risk criteria as defined in Section 46.12.1915 of the Administrative Rules of Montana may be served. If the woman remains eligible for Medicaid after delivery, case management services may continue for the woman through the last day of the month of the 60th day following birth.

**B. Areas of State in which Services will be Provided:**

**I. High Risk Pregnant Women**

(X) Entire State:

( ) Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less that Statewide)

**C. Comparability of Services:**

**I. High Risk Pregnant Women**

( ) Services are provided in accordance with section 1902(a)(10)(B) of the Act.

(X) Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

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**D. Definition of Services:**

**I. High Risk Pregnant Women**

Case management means the process of planning and coordinating care and services to meet individual needs of a client and to assist the client in accessing necessary medical, social, nutritional, educational and other services. Case management includes assessment, case plan development, monitoring of the recipient's status and service coordination.

Case management is not a part of any other Medicaid service.

The receipt of case management services does not restrict a recipient's right to receive other Montana Medicaid or Presumptive Eligibility services from any certified provider.

The core functions of the case manager are to provide or assist in providing the following:

**Referral**

Help individuals to access services by establishing and maintaining a referral process for needed and appropriate services and to avoid duplication of services;

**Risk Assessment**

Identify the client's physical, medical, nutritional, psychosocial, developmental, and educational status to determine if the individual meets the high risk criteria. This is an ongoing process updated at each family contact;

**Case Plan Development**

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Prepare a written service plan that reflects the individual's needs and the resources available to meet those needs in a coordinated and integrated fashion;

Implementation, Advocacy and Accountability

Assure individuals receive access to services as indicated in the service plan. Maintain regular contacts with recipient and service providers to encourage cooperation.

Retain documentation of case management services provided and submit data as required.

**E. Qualifications of Providers:**

**I. High Risk Pregnant Women**

1. To be considered by the Montana Department of Public Health and Human Services as a case management provider for high risk pregnant women, the provider must:
  - a) be approved by the department;
  - b) have experience in the delivery of home and community services to high risk pregnant women;
  - c) demonstrate an understanding of the concept of prenatal care coordination services; and
  - d) have developed relationships with health care and other agencies in the area to be served.
2. A case management provider must use an inter-disciplinary team that includes members from the professions of nursing, social work and nutrition.
3. The professional requirements for these professionals are the following:
  - a) nursing must be provided by a licensed registered

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professional nurse who is either:

- i) a registered nurse with a bachelor of science degree in nursing, including course work in public health; or
  - ii) a certified nurse practitioner with two years of experience in the care of families;
  - b) social work must be provided by a social worker with a masters or bachelors degree in behavioral sciences or related field with one year experience in community social services or public health. A social worker with a masters in social work (MSW), masters in counseling, or a bachelors in social work (BSW) with two years experience in community social services or public health is preferred but not required; and
  - c) nutrition services must be provided by a registered dietitian who is licensed as a nutritionist in Montana and has one year experience in public health and/or maternal-child health.
- 4. To accommodate special agency and geographic needs and circumstances, exceptions to the staffing requirements may be allowed if approved by the Department.
  - 5. The case management provider must be able to provide the services of at least one of the professional disciplines listed in #2 directly. The other disciplines may be provided through subcontracts.
  - 6. Where services are provided through a subcontractor, the subcontract must be submitted to the Department or designee for review and approval.
  - 7. A case management provider must:
    - a) conduct activities to inform the target population and health care and social service providers in the geographic area to be served of its prenatal care

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- b) coordination services;  
deliver prenatal care coordination services appropriate to the individual client's level of need;
  - c) respond promptly to requests and referrals for targeted case management clients;
  - d) perform assessments and develop care plans for the appropriate level of care and document services provided;
  - e) schedule services to accommodate the client's situation;
  - f) inform clients regarding whom and when to call for pregnancy emergencies;
  - g) establish working relationships with medical providers, community agencies, and other appropriate organizations;
  - h) assure ongoing communication and coordination of client care occurs within the case management team and with the client's medical prenatal care provider;
  - i) provide services in a home setting in addition to office or clinic settings. Home visiting, particularly by the community health nurse, is an integral part of targeted case management;
  - j) have a system for handling client grievances; and
  - k) maintain an adequate and confidential client records system. All services provided directly or through a subcontractor must be documented in this system.
8. A case manager providing services for a case management provider must:
- a) demonstrate knowledge of:
    - i) federal, state and local programs for children and pregnant women such as Title V programs, WIC, immunizations, perinatal health care, handicapped children's services, family

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- planning, genetic services, hepatitis B screening, EPSDT, etc.;
- ii) individual health care plan development and evaluation;
- iii) community health care systems and resources; and
- iv) nationally recognized perinatal and child health care standards; and
- b) have the ability to:
  - i) interpret medical findings;
  - ii) develop an individual case management plan based on an assessment of a client's health, nutritional and psychosocial status and personal and community resources;
  - iii) inform a client regarding health conditions and implications of risk factors;
  - iv) encourage a client's responsibility for health care;
  - v) assist the client to establish linkages among service providers;
  - vi) coordinate access to multiple agency services to the benefit of the client; and
  - vii) evaluate a client's success in obtaining appropriate medical care and other needed services.

**F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.**

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

**G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.**

State/Territory: Montana

A. Target Group

II. Chronically Mentally Ill Adults

This target group includes individuals who are at least 18 years old or older and either:

- a) present an imminent risk of suicide: or
- b) meet the criteria in both Criterion I and Criterion II below.

Criterion I

The person has a severe mental illness as indicated by one of the following:

- A. The person has been hospitalized for at least 30 consecutive days because of a mental disorder at Montana State Hospital (Warm Springs campus) at least once; or
- B. The person has a DSM-IV diagnosis of schizophrenic disorder (295); other psychotic disorder (295.40, 295.70, 297.1, 297.3, 298.9, 293.81, 293.82); mood disorder (296.2x, 296.3x, 296.40, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89, 296.90, 301.13, 193.83); amnestic disorder (294.0, 294.8); disorder due to a general medical condition (301.1); or pervasive developmental disorder not otherwise specified (299.80) when not accompanied by mental retardation; or

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- C. The person has a DSM-IV diagnosis of personality disorder (301.00, 301.81, 301.22, 301.4, 301.50, 301.6, 301.81, 301.82, 301.83, or 301.90) which causes the person to be unable to work competitively on a full-time basis or to be unable to maintain a residence without assistance and support by family or a public agency.

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Criterion II

The person has ongoing functioning difficulties because of mental illness, as indicated by one of the following:

- A. Medication is necessary to control symptoms of mental illness; or
- B. The person is unemployed or does not work in a full-time competitive situation because of mental illness; or
- C. The person receives SSI or SSDI payments due to mental illness; or
- D. The person maintains or could maintain a living arrangement only with ongoing supervision and assistance of family or a public agency.

NOTE: Montana uses the term "adult with severe and disabling mental illness" to describe the "chronically mentally ill" target group.

**B. Areas of State in which Services will be provided:**

II. Chronically Mentally Ill Adults

(X) Entire State

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- ( ) Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

**C. Comparability of Services:**

**II. Chronically Mentally Ill Adults**

- ( ) Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- (X) Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

**D. Definition of Services:**

**II. Chronically Mentally Ill Adults**

Case management is intended to assist members of the target group in accessing needed medical, social, educational, vocational and other services. It includes:

1. Helping the recipient make informed choices regarding opportunities and services;
2. Assisting the recipient in establishing an individual case plan and developing realistic, attainable life goals;

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